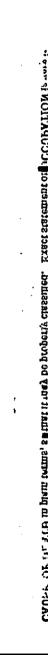
MISSOURI STATE BOARD OF HEALTH Do not use this space. should be stated EXACTLY. PHYSICIANS should state od. Exact statement of OCCUPATION is very important. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH Registration District No. Primary Registration District No. Registered No..... (a) Residence, No. (Usual place of abode) (If nonresident, give city or town and State) Length of residence in city or town where death occurred mos. How long in U.S., if of foreign birth? PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SEX SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) SA, IF MARRIED, WHOOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH. DAY, AND YEAR information should be carefully supplied. AGE sho in plain terms, so that it may be properly classified. The principal cause of death and related causes of importance were as follows: . 7. AGE MONTHS If LESS than 1 AGE : day,hrs. ormin. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc...... 9. Industry or business in which work was done, as sitk mill, saw mill, bank, etc..... 11. Total time (years) 10. Date deceased last worked at this occupation (month and vear) occupation..... 12, BIRTHPLACE (CITY OR TOWN) N. B.—Every item of information should be CAUSE OF DEATH in plain terms, so that i (STATE OR COUNTRY) 13. NAME Name of operation..... 14. BIRTHPLACE (CITY OR TOWN).
(STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: Where did injury occur?.....(Specify city or town, county, and State) 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place, 17. INFORMANT / (ADDRESS) CREMATION, OR REMOVAL Nature of injury It so, specify. (ADDRESS) (Signed)



		BUREAU	ATE BOARD OF HEALTH OF VITAL STATISTICS TIFICATE OF DEATH	ALL INFORMATION CALLET FOR MUST BE WRITTEN OF THIS SUPPLEMENTARY.
1. PLACE OF County Township City	will		n District No. 963	File No. 35-667 Registered No. Ward
(Ust	dence, No	re death occurred yrs.		nonresident, give city or town and State) foreign birth? yrs. mos. d
PERSON 3. SEX	IAL AND STATIS	TICAL PARTICULARS	MEDICAL CER	TIFICATE OF DEATH
3. SEX	4, COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED DIVORCED (write the work)	21. DATE OF DEATH (MONTH, DAY,	AND YEAR) 9 . 19, TIFY, That I attended deceased for
5A. IF MARRIED, WID HUSBAND O (OR) WIFE O	F F	•	I last saw halive or.	, to, 19 Death is
7. AGE YEA	8 6	DAYS If LESS day, or	hrs.	nelated causes of importance were as foll
Sawyer, 9. Findustry work w saw mill 0 10. Date dece this occ	dession, or particular, work done, as spinner, bookkeeper, etc	11. Total time (years) spent in this	Other contributory causes of impor	tance:
12. BIRTHPLACE (CITY OR TOWN)			
H 13. NAME	CE (CITY OR TOWN)			Date of
15. MAIDEN N			Accident, suicide, or homicide? Where did injury occur?(S	nuses (violence), fill in also the following:
	And John Andrews Andre	Digeliere 9/19	Manner of injury	
19. UNDERTAKER (ADDRESS)	7 1937	Des Mullo	24. Was disease or injury in any was if so, specify (Signed) (Address)	ay related to occupation of deceased?

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(x,y,y) = (x,y,y) + (x,y)

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